

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
7						
8						
9		2				
10		2				
11	1					
12	1					
13	1					
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20		2				
21		2				
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47						
48						
49						
50						

TOTAL IND.

TOTAL DEP.

TOTAL CLAIMS

0

33

33

TOTAL IND.

TOTAL DEP.

TOTAL CLAIMS

0

0

0